SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

LONDON, SATURDAY, JANUARY 18TH, 1930.

CONTENTS.

PAGE

BRITISH MEDICAL ASSOCIATION.

CURRENT NOTES:
- Reception to Final Year Students and Newly Qualified Practitioners ... 17
- The "Revue Internationale" ... 17
- Transferred Poor Law Medical Officers and Superannuation ... 17
- Medical Members of Local Authorities ... 17
- Medical Appointments Abroad ... 17
- The Half-yearly Indexes ... 18

ASSOCIATION NOTICES ... 20
MEETINGS OF BRANCHES AND DIVISIONS ... 21

PAGE

A National Dental Service. Report by Committee of the British Dental Association ... 18
The Vaccination Order, 1930 ... 19
CORRESPONDENCE ... 23
NAVAL AND MILITARY APPOINTMENTS ... 23
VACANCIES AND APPOINTMENTS ... 23
DIARY OF SOCIETIES AND LECTURES ... 24
POST-GRADUATE COURSES AND LECTURES ... 24
ASSOCIATION INTELLIGENCE AND DIARY ... 24
BIRTHS, MARRIAGES, AND DEATHS ... 24

British Medical Association.

CURRENT NOTES.

Reception to Final Year Students and Newly Qualified Practitioners.

The Metropolitan Counties Branch has extended an invitation to the fourth and fifth year students in the twelve medical schools of London, and the practitioners who qualified in the last two years, to visit the House of the British Medical Association on Tuesday, February 11th, at 5 p.m. Tea will be served in the members' common room, and after it a lecture will be given in the Great Hall, by Professor F. R. Fraser, director of the medical professorial unit at St. Bartholomew's Hospital. His address is entitled "Before the finals and after." It will be recalled that there have been four such annual addresses delivered previously. Mr. McAdam Eccles opened the series in 1926, when he discussed "Some pitfalls of the final examination and the first year of practice." In the following year an address by Mr. E. B. Turner was read in his absence by Mr. Bishop Harman, the subject being "Practice and types of patients." In 1928 Dr. E. Graham Little, M.P., spoke on "The future of medical practice," and in 1929 Dr. R. Cove-Smith discussed "Some gaps in the medical curriculum and how they can be filled." It is hoped that every London medical student nearing the final examinations will be present.

The "Revue Internationale."

Members who are interested in the Association Professionnelle Internationale des Médecins, to which the British Medical Association is affiliated, and of which the *Revue Internationale* is the organ, will get much information from the latest number, published at the end of November. It contains a full account of the last conference in Berlin, with a portrait group of those taking part, and a statement as to their official position in the bodies they represented. The subjects discussed at the conference were of great interest to all doctors concerned with medical politics and organization, including discussions on the illegal practice of medicine in different countries; the need for an organization for the individual defence of the doctor (in which, incidentally, it was shown that France and Great Britain are the only two countries in which this problem has been comprehensively handled); administrative methods in connexion with maternal mortality; and the burning question of the position of the doctor in relation to road accidents. Much useful information is also given about the present position of the profession in regard to national health insurance. The Medical Secretary has a few copies of the *Revue*, which he would be glad to distribute to members who are interested and who have a good working knowledge of French. The subscription to the *Revue*, which appears quarterly, is 4 Swiss francs or 20 French francs per annum, and application should be made to the editor, Dr. Fernand Decourt, 95, Rue du Cherche-Midi, Paris 6e.

Transferred Poor Law Medical Officers and Superannuation.

Under the Local Government Act, 1929, Poor Law medical officers who are subject to the provisions of the Poor Law Officers Superannuation Act, 1896, and who are transferred for duty to a local authority which has adopted the Local Government and Other Officers Superannuation Act, 1922, have an option—which must be exercised within three months after the appointed day, April 1st, 1930—of remaining under the 1896 Act or transferring to that of 1922, if the authority to which they are transferred has adopted the latter Act. Inquiries have already been received as to which is the more advantageous course to pursue. The answer to this question depends on the circumstances of the particular case, each one having to be judged on its merits. Through the kind offices of the National Association of Local Government Officers, the Medical Secretary has received a document prepared by the National Poor Law Officers' Association, which sets out in detail a comparison of the two schemes. This document will be very helpful to those who are in doubt, and they can obtain a copy of it on application to the Medical Secretary, B.M.A. House, Tavistock Square, W.C.1.

Medical Members of Local Authorities.

The Medical Secretary will be glad to have particulars from all medical men and women who are members of local authorities and who hold appointments under the guardians which will, on April 1st, compel them to make a decision as to whether they will resign those appointments or resign their membership of the local authorities. Several practitioners in this position have already written to the British Medical Association, but it is important that detailed information should be in the possession of the Association in respect of all such practitioners. The particulars required are: (1) nature of paid office held; (2) how long it has been held; (3) name of local authority of which the practitioner is a member; (4) how long a member of that authority; and (5) any offices held under the authority, such as chairman of a committee, etc.

Medical Appointments Abroad.

The head office of the British Medical Association has a good deal of information placed at its disposal by its Branches overseas, which may be very useful to those proposing to accept medical appointments abroad. Practitioners are cordially invited to apply to the Medical Secretary, B.M.A. House, Tavistock Square, W.C.1, for any information that may be available regarding overseas appointments in which they may be interested.

The Half-yearly Indexes.

The usual half-yearly indexes to the *Journal* and to the *Supplement* and *Epitome* have been prepared and will be ready shortly; they will, however, not be issued with all copies of the *Journal*, but only to those readers who ask for them. Any member or subscriber who desires to have one or all of the indexes can obtain what he wants, post free, by sending a postcard notifying his desire to the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1. Those wishing to receive the indexes regularly as published should intimate this desire.

A NATIONAL DENTAL SERVICE.

REPORT BY COMMITTEE OF THE BRITISH DENTAL ASSOCIATION.

THE Council of the British Medical Association is at present engaged, through several of its committees, in considering how best it can co-ordinate or combine a number of proposals which have been put forward in accordance with the policy of the Association into a scheme for a really national medical or health service which it might promulgate for public consideration and discussion. A report by the National Dental Service Committee of the British Dental Association, entitled "Dental treatment and national health," is therefore of more than ordinary interest just at this time, not only because facilities for dental treatment must have a prominent place in any national health service, but also because the details of any dental scheme must have relation to, and a bearing upon, corresponding details of any scheme for medical service, and vice versa. In considering this report of the National Dental Service Committee, however, it should always be remembered that the present conditions in the dental profession are in many respects different from those obtaining in the medical profession, and that the conditions under which dental treatment can be given, both as to time and place, differ materially from those which necessarily apply to medical treatment. The relatively greater willingness of the dental profession to accept the appointment of whole-time officers for purposes of treatment, and the emphasis laid upon the organization of treatment centres, are both the evidence and the outcome of these different conditions.

The National Dental Service Committee evidently looks with some longing to the establishment of a scheme for dental attention such as that outlined in paras. 116 to 127 of the Interim Report of the Ministry of Health Consultative Council on Medical and Allied Services (sometimes referred to as the Dawson Report), issued some ten years ago. Meanwhile the committee wishes to extend the present inadequate provision, and has in view the following services:

1. Dental treatment of expectant and nursing mothers and for children up to 5 years of age.
2. Dental inspection and treatment of all children of school age.
3. Dental treatment of adolescents.
4. Dental treatment for all persons insured under the National Health Insurance Act and for all other adults who are unable to afford dental treatment by private dental practitioners.
5. Dental treatment as an essential element in cases of tuberculosis and of venereal disease.
6. The institution of a co-ordinated scheme for education in oral hygiene, which would be simple in its application and general in its incidence, but with particular attention to the young, with the object of preventing dental disease.

It is recognized, of course, that valuable work has already been done under these headings, but hitherto it has been irregular in its application and limited in its amount.

In order that all such dental work should be properly co-ordinated and controlled the committee advocates the formation of a dental section of the Ministry of Health under a dental director. It suggests that wherever this dental work is of a relatively permanent and continuous nature and of sufficient volume the main part of it should be done by appointed whole-time dental officers, but that where part-time officers are utilized it should be on a sessional basis with appropriate remuneration. The committee states that the public dental services have hitherto attracted two kinds of dentists—those who wish to adopt the service as a career and those who intend, after a short experience therein, to revert to private practice. Broadly, the same may be said to be true with regard to medical men and women taking up junior appointments in the public health service. The Dental Committee not only states that "it is essential that inducements should be offered to increase the number of dental practitioners who aim at making a career in public dental service," but makes the interesting and somewhat surprising suggestion that the second class of practitioner should be retained in the service for a longer period than has been usual, and that this might be accomplished by the offer of "a substantial gratuity on retirement after a minimum number of years" as at present in the naval and military services. It remains to be seen how this proposal is received by the dental profession, but it may safely be said that such an arrangement would be unnecessary and inappropriate as regards the medical profession, and would be unwelcome and probably intolerable. A scale of minimum salaries for whole-time dental officers is set out in the report. The actual salaries seem to bear a reasonable relationship to those suggested by the recent conference for medical officers, but it is unfortunate that the gradations are based upon the number of assistant dental officers employed, a criterion which was not regarded with great favour by the British Medical Association in its scale, and which was repudiated as inappropriate by the associations of local government authorities.

The report proceeds to set out in some detail the way in which dental work should be developed under the six headings quoted above. The main direction of this development in connexion with the school dental service and that for expectant mothers and for children under school age would be the appointment of a whole-time dental officer (where necessary with assistant dental officers) by every local education authority, these officers being also similarly appointed officers of the maternity and infant welfare authority. It is only when, owing to local circumstances, the work could not be done by whole-time officers that the appointment of local dental practitioners on a part-time sessional basis is contemplated. This, of course, is wholly opposed to prevalent opinion within the medical profession as regards medical work of a clinical character.

The British Medical Association has repeatedly drawn attention to two serious gaps or deficiencies in the national provision for attention to the health of the individual. One of these is the absence of any attention between leaving school and entry into national health insurance (at present usually from 14 to 16 years of age). The other is the absence of provision for the dependants of insured persons and others of like economic status. It is important to note that in both these respects the defect in dental provision is even greater than in respect of medical provision. Dental treatment is an additional benefit, and not a statutory benefit, under national health insurance. It is therefore not available for all insured persons, but only for certain members of certain approved societies. These members, moreover, are not entitled to dental benefit immediately upon entry into insurance, but have hitherto had a further waiting period of five years before dental treatment was available for them. Thus the gap was practically between 14 and 21 years of age at least. This waiting period for members of such societies as provide dental benefit will now be reduced from five to three or three and a half years, and the school-leaving age is likely to be raised one year; even so, without further legislation a large number of adolescents and adults will remain without medical attention, and a still larger number without dental attention. To remedy this the committee's report endorses the proposals to extend the national health insurance system to the dependants of insured persons and to others who are unable to afford dental treatment by private dental practitioners, and to make such treatment, along with other additional treatment benefits, statutory. The report concludes by emphasizing the importance of education in dental hygiene by means of every possible agency.

THE VACCINATION ORDER, 1930.

THE Minister of Health, in view of the transference of functions relating to the Vaccination Acts from the guardians to the new authorities under the Local Government Act, 1929, has issued a new Vaccination Order, dated January 3rd, which rescinds the Vaccination Orders from 1898 to 1929, and takes their place from April 1st next.

The Order is forwarded to the new vaccination authorities, together with a memorandum summarizing the main statutory provisions governing vaccination. The memorandum serves as an introduction to the Order itself, and is commended to the careful consideration of the councils concerned. These councils are, for the whole of England and Wales except London, the county councils and county borough councils. In London, however, the vaccination service is to be administered by the Common Council of the City of London and the metropolitan borough councils for their respective areas. "The council" is defined to include "any committee duly authorized to discharge functions relating to vaccination on behalf of a council." As these functions are to be considered as relating to public health, it is reasonable to suppose that the Public Health Committee of each council will be duly authorized to represent the council.

While certain amendments are introduced into the Order, in the main it is a consolidation of the provisions of the various Orders which it replaces, and it is expressly stated that the rescinding of these Orders shall not affect the validity of any contract for public vaccination made with them, and that the public vaccinator thereunder shall continue to perform the same duties and to be paid the same remuneration as heretofore. In a number of instances, however, a Poor Law union extends into more than one county, county borough, or metropolitan borough, and a special circular has been issued to the guardians of such unions, suggesting a method of dealing with the transference of the contracts of their public vaccinators.

DETERMINATION OF EXISTING CONTRACTS.

Under Section 113 of the Local Government Act, 1929, the liabilities attaching to the vaccination contracts in these unions will pass to the council of the county, etc., in which the larger part of the rateable value of the union is situated; the responsibility for the administration of vaccination in what may be termed the outlying districts or institutions will pass to the council of the county in which they are geographically situated. Liability for contract and administration of function will thus be dissociated, and it is suggested that the guardians should, in such instances, give notice determining, on March 31st next, the contracts of all public vaccinators who hold their appointments for districts or institutions outside the county to which the liability for the contracts is transferred. This action is dictated solely by the technical difficulties of transference, and though twenty-eight days' notice only is needed, it is suggested that the notices should be given immediately. In order to complete the transference, it will be necessary for the new council authorities to enter into fresh contracts from April 1st next, and it is suggested in the memorandum to these authorities that they should proceed to prepare such contracts as soon as they receive information from the guardians that notices determining the existing contracts are being issued, and should submit them to the Minister not later than March 1st next. The contracts should be entered into with the same public vaccinators as have received notice from the guardians, so that continuity may be preserved. Where a Poor Law union is wholly comprised within one county, county borough, or metropolitan borough, no difficulty will arise, for the liabilities in regard to contracts and the vaccination functions will be transferred together.

While, therefore, it is expected that for a time the present vaccination districts will be maintained and the present public vaccinators will be appointed to them upon the existing terms, it is added: "After the appointed day it will, of course, be open to the council to review the working of the arrangements and to submit for the Minister's approval such readjustments, if any, of the public vaccinators' districts as may seem to them to be necessary."

SUMMARY OF THE NEW ORDER.

Turning back to the Vaccination Order, the most important amendments have reference to the position of the vaccination officer, and the Minister proposes later on to discuss with the local authorities the general question of the tenure of appointment of Poor Law officers and others. The Minister reserves also for later and more mature consideration the general question of the policy to be adopted by H.M. Government in regard to the Vaccination Acts themselves.

The second and third articles of the Order, which may be cited as the Vaccination Order, 1930, deal with matters of interpretation and relation to existing Orders and contracts. Articles 4 to 6 deal with the qualifications of public vaccinators. These are that the public vaccinator or his deputy must be a registered medical practitioner who produces or has produced as a condition of entry for a qualifying examination, a certificate of proficiency in vaccination given by a person whom the Minister has authorized to act for the purpose. The form of contract varies according as the vaccinator is appointed for a district or for an institution, and is contained in the first and second schedules appended to the Order.

Fees of Public Vaccinators.

The minimum fees are specified in the articles mentioned, and remain as before: (*a*) one shilling for each child registered or resident in the public vaccinators' district whose name is notified to him by the vaccination officer, or whom he himself vaccinates; (*b*) half a crown for vaccination at his surgery or elsewhere than at the home of children from 1 to 14, or older persons; (*c*) half a crown for revaccination at surgery or elsewhere than at the home of the person vaccinated; (*d*) five shillings for domiciliary primary vaccination; (*e*) not less than half a crown for domiciliary revaccination in London or urban districts with a population of not less than 50,000, and in other districts not less than three shillings and sixpence; (*f*) except that where more than one person is vaccinated or revaccinated within a period of twenty-four consecutive hours at one and the same house, or on any premises (other than the public vaccinator's surgery) whereon those persons were together present at any time during that period, the fee for all cases after the first is to be a matter of arrangement embodied in the contract.

Amendments of Existing Orders.

Articles 7 to 10 deal with the duties of public vaccinators, and these are unaltered except that a period of six weeks is substituted for one month within which the public vaccinator is to return his list to the vaccination officer. The instructions to vaccinators under contract contained in the third schedule of the Order remain as in the Order of last year.

Articles 11 to 18 are concerned with the vaccination officer, his appointment, districts, and tenure of office, remuneration and conditions of service, reports, duties, and expenses. Here much more power is given to the council than was possessed by the guardians, and instead of being to a large extent in an independent position, having to "obey all lawful orders of the guardians which are applicable to his office" (V.O. 1898), the vaccination officer is now to "observe and fulfil all orders of the Minister and all lawful regulations or directions of the council or of any duly appointed committee or any superior officer affecting his office." His continuance in office may be terminated by three months' notice if the Minister shall "consider it desirable that his duties should cease or should be modified," or "at any time before or at the expiration of the first year of service" with the consent of the Minister. As far as remuneration is concerned, the council may please itself, but if the vaccination officer is not paid a fixed salary certain minimum fees are retained, and additional payment for extraordinary services sanctioned.

Article 19 specifies a change in the forms to be used for the purposes of the Vaccination Acts. The usual formula has been that such and such a notice shall be in Form X

"or forms to the like effect." Every form provided for by the Order in future "shall" be used in its provided form, except the request by a parent which "may" be in Form G.

Form A, the notice of requirement of vaccination issued by the registrar, is as it was modified in the Order of last year, including the instruction: "If, in his opinion, the child requires medical treatment in consequence of the vaccination, it will be the duty of the public vaccinator to attend and prescribe such treatment as may be required without charge to you." Also, "If application is made to the public vaccinator at any time, he will revaccinate the child free of cost to the parent or guardian. Revaccination is desirable after the child reaches the age of 5 years, and again after it reaches the age of 14 years."

Accounts are to be made up to the last days of March, June, September, and December, instead of to the ordinary quarter days as under the 1898 and previous Orders; and the clause of the contract, "no payment shall be made . . . in respect of any vaccination or revaccination, the particulars of which shall not be entered in the vaccinator's register, except in the case of any omission which shall be explained to the satisfaction of the guardians" is put in the positive form "that payment may be made . . . if the omission has been explained to the satisfaction of the council."

In comparing the form of district contract with that for institutions, two discrepancies have been noted. In the list of duties, the word "or" has been omitted in paragraph (2) of the district contract, but is retained in the institutional contract, whereas in paragraph (5) of the latter form of contract the word "otherwise" is omitted, but is retained in the corresponding paragraph 6 of the district contract.

Association Notices.

BRANCH AND DIVISION MEETINGS TO BE HELD.

DORSET AND WEST HANTS BRANCH: BOURNEMOUTH DIVISION.—A meeting of the Bournemouth Division will be held on Thursday, January 23rd, in Room No. 12, Town Hall, Bournemouth, at 8 p.m. Agenda: Harvey memorial—appeal by Mr. Rooke; address by Dr. H. B. Brackenbury, Chairman of Council, British Medical Association, on the Local Government Act, 1929, and its relation to the medical profession.

DORSET AND WEST HANTS BRANCH: WEST DORSET DIVISION.—A meeting of the West Dorset Division will be held at the County Hospital, Dorchester, on Thursday, January 23rd, at 4.15 p.m. Dr. Cumberbatch (St. Bartholomew's Hospital) will give a British Medical Association Lecture on the use of diathermy, especially in regard to malignant disease. The representative of the Division for the year 1930 will also be elected.

DUNDEE BRANCH.—A meeting of the Dundee Branch will be held in the Students' Union, Perth Road, Dundee, on Wednesday, January 29th, at 4 p.m. Tea from 3.30 p.m. Agenda: Dr. J. Parlane Kinloch, chief medical officer, Department of Health for Scotland, will give an address on the Local Government Act, 1929, in its relation to hospital and general medical practice. All members of the profession in Fife, Perth, Dundee, and Angus are cordially invited.

KENT BRANCH.—The quarterly meeting of the Branch will be held at the Saracen's Head, Ashford, on Thursday, January 23rd, at 3 p.m. Dr. Philip Figdor, physician to the electro-therapeutic department, London Temperance Hospital, and to the St. John's Hospital, Lewisham, will give a lecture entitled "Observations on the diagnosis and treatment of chronic arthritis."

LANCASHIRE AND CHESHIRE BRANCH: BIRKENHEAD DIVISION.—A meeting of the Birkenhead Division will be held on Wednesday, January 29th, at 3 p.m., at the Masonic Lodge, Clifton Road, Birkenhead. Dr. G. C. Anderson, Deputy Medical Secretary, will be present and will give an address.

METROPOLITAN COUNTIES BRANCH.—A meeting of the Metropolitan Counties Branch will be held at the British Medical Association House, Tavistock Square, W.C.1, on Tuesday, February 11th, at 5.30 p.m. Dr. Francis R. Fraser, professor of medicine in the University of London, and physician to St. Bartholomew's Hospital, will give an address on "Before the Finals and After." Fourth and fifth year students and recently qualified medical practitioners are cordially invited. Tea and coffee at 5 p.m.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION.—A meeting of the Camberwell Division will be held at St. Giles's Hospital, Camberwell, on Tuesday, January 21st, at 9 p.m. Mr. H. S. Souttar will read a paper on the uses of radium in surgery.

METROPOLITAN COUNTIES BRANCH: FINCHLEY DIVISION.—A meeting of the Finchley Division will be held at the Finchley Memorial Hospital on Tuesday, January 21st, at 8.45 p.m. Professor E. B. Verney will give an address on traffic in drugs.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.—A meeting of the Lewisham Division will be held at the Catford Town Hall, S.E.6, on Tuesday, January 21st, at 8.45 p.m. Dr. J. F. Hall Dally (Mount Vernon Hospital) will give an address on arterial pressure from the clinical standpoint.

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION.—A special meeting of the South-West Essex Division will be held in the Wesleyan Schoolrooms, High Road, Leyton, on Tuesday, January 21st, at 4 p.m. Agenda: Proposed transference of South-West Essex Division from the Metropolitan Counties Branch to the Essex Branch.

METROPOLITAN COUNTIES BRANCH: STRATFORD DIVISION.—A meeting of the Stratford Division will be held in the Board Room, Education Offices, The Grove, Stratford, on Tuesday, January 21st, at 9.15 p.m. Dr. E. P. Poulton will give an address on the therapeutic value of endocrine products.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.—A meeting of the Willesden Division will be held at the Willesden General Hospital, Harlesden Road, on Thursday, February 20th, at 9 p.m. Dr. J. Stanley White will give an address on how biological products are made, which will be illustrated by a cinematograph film and lantern slides.

NORFOLK BRANCH: NORWICH DIVISION.—A meeting of the Norwich Division will be held on Thursday, January 23rd, at 8.45 p.m., in the Lecture Room of the Norfolk and Norwich Hospital, at which a cinema film, "How biological products are made," will be shown.

OXFORD AND READING BRANCH: OXFORD DIVISION.—The first meeting of the year of the Oxford Division will be held at the Radcliffe Infirmary on Wednesday, January 22nd, at 2.30 p.m. Agenda: Presentation to Dr. Stobie; clinical cases; discussion on treatment of exophthalmic goitre, to be opened by Dr. Gibson. There will be no golf competition this year. The following further meetings of the Division have been arranged to be held at the Radcliffe Infirmary on Wednesday afternoons at 2.30 p.m:

Mar. 26th. Mr. J. Everidge: Pyelography.
May 21st. Clinical Meeting.
July 2nd. Discussion: Treatment of common injuries. Opener: Mr. G. R. Girdlestone.
Oct. 22nd. Mr. H. S. Souttar, Mr. C. P. G. Wakeley, and Dr. Cantl: Radium and cancer.
Nov. 25th. Annual Meeting. Chairman's Address.

An extra clinical meeting will be held at the Banbury Hospital on Friday, April 18th, at 3 p.m.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: NORTH GLAMORGAN AND BRECKNOCK DIVISION.—A meeting of the North Glamorgan and Brecknock Division will be held at the New Inn Hotel, Pontypridd, on Thursday, January 30th, at 6.30 p.m. Dr. Carey Coombs will deliver a British Medical Association Lecture on the diagnosis and treatment of rheumatic heart disease in children. The lecture will be followed by a dinner at 8 p.m. (6s. 6d., exclusive of wines). It is hoped that members from neighbouring Divisions will attend both the lecture and the dinner; they should notify the honorary secretary, Dr. Harry Banks, Aberdare, by Saturday, January 25th, if they wish to attend the dinner.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SOUTH-WEST WALES DIVISION.—A meeting of the South-West Wales Division will be held at the Carmarthenshire Infirmary, Carmarthen, on Wednesday, January 22nd, at 3 p.m. Professor G. F. Still (London) will give a British Medical Association Lecture on common fallacies in diseases of children. Tea will be provided at the close of the meeting.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SWANSEA DIVISION.—The following programme of meetings of the Swansea Division has been arranged:

Jan. 30th. British Medical Association Lecture by Mr. H. S. Souttar: Radium and its surgical applications.
Feb. 13th. Discussion on obstetrics: (ante-natal) Dr. Mizen; (conduct of labour) Dr. Vyvyan Davies; (post-natal) Dr. J. Lloyd Davies.
Feb. 27th. British Medical Association Lecture by Dr. Charles Bolton.
Mar. 13th. Clinical Meeting.
Mar. 27th. Meeting devoted to pathology (Dr A. F. S. Sladden).

Members are invited to show cases at the clinical meetings, and any desirous of doing so should communicate with the Divisional secretaries at an early date.

SUFFOLK BRANCH: NORTH SUFFOLK DIVISION.—A meeting of the North Suffolk Division will be held at the Imperial Hotel, Lowestoft, on Thursday, January 30th, at 7 p.m. Dr. G. C. Anderson, Deputy Medical Secretary, will speak on matters of current medico-political interest. The address will be followed by an informal dinner.

SUFFOLK BRANCH: SOUTH SUFFOLK DIVISION.—A meeting of the South Suffolk Division will be held in the Nurses' Lecture Room of the East Suffolk and Ipswich Hospital to-day (Friday, January 17th) at 3.30 p.m. Agenda: Business arising out of minutes; public health lectures—East Suffolk panel area; lecture by Mr. R. Charles on radium treatment.

SURREY BRANCH: REIGATE DIVISION.—A meeting of the Reigate Division will be held at the East Surrey Hospital on Tuesday, January 21st, at 8.45 p.m. Dr. Gordon Holmes will read a paper on a neurological subject.

SUSSEX BRANCH: BRIGHTON DIVISION.—A conjoint meeting of the Brighton Division and the Sussex Law Society will be held at the Dispensary, 113, Queen's Road, Brighton, on Thursday, January 23rd, at 8.30 p.m., when Dr. G. C. Anderson, the Deputy Medical Secretary of the British Medical Association, will deliver an address on unqualified practice, which will be followed by a discussion. A further meeting of the Division will be held at the

Dispensary on Thursday, January 30th, at 8.30 p.m. Agenda: Election of representatives for Annual Representative Meeting, 1930; to consider the advisability of inviting the Association to hold its Annual General Meeting at Brighton within the next few years. After the business meeting Mr. R. Brooke will show a cinematograph film illustrating internal derangement of the knee-joint.

WEST SOMERSET BRANCH.—A meeting of the West Somerset Branch will be held at the Taunton and Somerset Hospital on Friday, January 31st, at 3.15 p.m. Dr. F. G. Thomson (Bath) will read a paper on spa treatment and medical hydrology.

YORKSHIRE BRANCH: SCARBOROUGH DIVISION.—The annual meeting of the Scarborough Division will be held at the Pavilion Hotel on Thursday, January 30th, at 7.45 p.m. At 8 o'clock Mr. E. R. Flint (Leeds) will read a paper on jaundice.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—A meeting of the Sheffield Division will be held in the Medical Library, the University, Sheffield, on Friday, January 24th, at 8.45 p.m., when Dr. J. Stanley White (London) will give a lecture on some recent aspects of biological therapy, illustrated by a cinematograph film and lantern slides. Non-members of the Association will be cordially welcomed.

Meetings of Branches and Divisions.

BIRMINGHAM BRANCH: NUNEATON AND TAMWORTH DIVISION.

A WELL-ATTENDED meeting of the Nuneaton and Tamworth Division was held at Tamworth General Hospital on December 19th, 1929.

The CHAIRMAN referred to the re-election of Dr. L. E. Price for a second year as mayor of Nuneaton, and on the motion of Dr. FORREST, seconded by Dr. E. N. NASON, the secretary was instructed to write to Dr. Price, offering him the congratulations of the Division and their good wishes for a happy year in office.

Mr. W. GEMMILL (Birmingham) gave an address on the early diagnosis of acute abdominal emergencies, classifying them, and describing the routine examination of the patient, together with the symptoms and signs which were of value in diagnosis. The symptoms and signs belonging to each particular group were mentioned, and also the important points in the differential diagnosis of the common members of each group. Several members took part in the subsequent discussion, and expressed their high appreciation of the valuable paper. Mr. GEMMILL having replied to many questions, a hearty vote of thanks was accorded to him for a very instructive address.

CALCUTTA BRANCH.

A CLINICAL meeting of the Calcutta Branch was held on November 8th, 1929, when the president, Major-General G. TATE, I.M.S., was in the chair.

Dr. D. M. CHATTERJI gave a brief and interesting record of the extra-pulmonary distribution of lesions in a series of upwards of 160 necropsies on cases of tuberculosis performed in the pathological department of the Calcutta Medical College Hospital during the past seven years. Detailed descriptions were given of the findings in the larynx and trachea, the appendix, and in one case of tuberculous pericarditis. In the subsequent discussion the PRESIDENT, Major SHANKS, I.M.S., and Dr. B. SHAHA took part. Major SHANKS commented on the relative infrequency of tuberculous lesions of the larynx, trachea, and appendix in Dr. Chatterji's series. The findings in the case of tuberculous pericarditis were very interesting, and the appearances had at first sight suggested malignancy.

Dr. B. P. TRIBEDI briefly described two cases showing unusual foci of infection with *B. typhosus*. The first patient, a man, was admitted to hospital with a diagnosis of mitral stenosis, and possibly malaria. After about a week pain and tenderness were complained of in the region of the testes; the scrotal sac was found to be full of pus, which on culture yielded an almost pure growth of *B. typhosus*. This organism was later recovered also from the urine and stools, but the blood culture was negative. The patient's serum agglutinated his own organism and a stock strain of *B. typhosus* in high titre. The second patient, a final year medical student, came under the speaker's care with a complaint of tenesmus and mucus in the stools of about two years' duration. During this time he had had repeated courses of anti-dysenteric treatment in the belief that he was suffering from chronic amœbiasis. The stools, on plating, yielded a rich growth of *B. typhosus*, and a second sample a few days later was also highly positive. Urine and blood cultures were negative. The patient's serum agglutinated his own strain of *B. typhosus*, and also a stock laboratory strain in a titre of 1 in 833. The condition yielded promptly to a course of typhoid vaccines. In the discussion the PRESIDENT, Major SHANKS, Captain B. N. GUPTA, Dr. J. C. MUKHERJI, and Dr. D. M. CHATTERJI took part.

Lieut.-Colonel E. W. O'G. KIRWAN, I.M.S., presented three cases of ocular tuberculosis, prefacing his demonstration by remarking on the infrequency of tuberculous lesions of the eye in Bengal as compared with the incidence in English and Continental clinics. His three cases showed the corneal variety of lesion, and the symptoms on admission were roughly the same in each case—namely, redness, photophobia, epiphora, blepharospasm, excoriation of the lids, and vision reduced to finger movements only. All the patients responded in a remarkable manner to a course of tuberculin therapy, using a mixture of human and bovine strains. The PRESIDENT, Dr. MUIR, Major SHANKS, Lieut.-Colonel BOYD, Captain THOMAS, Dr. COLTMAN, and Dr. HENDERSON took part in the ensuing discussion, and Colonel KIRWAN briefly replied to the various points raised.

Dr. E. MUIR demonstrated five cases illustrative of the more important points in the differential diagnosis between leprosy and dermal leishmaniasis. The first case seen by the speaker in consultation, and now presented through the kindness of Dr. L. EVERARD NAPIER, was a remarkable one, the man having been regarded as a leper for nearly thirty years. Thick infiltrating masses of granulation tissue were present on the limbs, mainly the flexor aspects, the forehead and face, and to a slight extent on the tragus of both ears. Scar tissue formation in the site of one of the face lesions had caused ectropion of the right lower eyelid, and almost complete blindness of the corresponding eye. There was no anaesthesia or thickening of the superficial nerve trunks, and no acid-fast bacilli were discovered by bacteriological examination of the skin. Smears made from the lesions revealed, however, enormous numbers of Leishman-Donovan bodies. The second patient, at first sight, appeared to be a normal healthy man; more careful examination revealed, however, some suspicious lesions of the face, and on microscopical examination of the nasal mucosa dense felted masses of acid-fast bacilli came to light, indicating him as a highly infectious case of leprosy. The remaining patients further emphasized various points in the differential diagnosis, and microscopical preparations from each case were shown to members. The PRESIDENT, Dr. M. N. DE, and Dr. HENDERSON took part in the discussion, and Dr. MUIR briefly replied.

GLOUCESTERSHIRE BRANCH.

A GENERAL meeting of the Gloucestershire Branch was held at the Royal Infirmary, Gloucester, on December 12th, 1929, when the president, Dr. GRACE S. BILLINGS, was in the chair, and thirty-three members were present.

The PRESIDENT referred to the death of Dr. J. A. Atkinson of Newnham, and a vote of condolence was directed to be forwarded to his widow.

A discussion on a national maternity service was opened by Dr. CATHERINE MORRIS JONES, maternity and child welfare medical officer to the Gloucestershire County Council, who dealt first with the principles of such a scheme, the importance of ante- and post-natal work in the prevention of maternal morbidity and mortality being emphasized. She thought a model scheme should include as its principal provisions: (1) efficient supervision of the health of the woman throughout pregnancy by doctor and midwife, and a post-natal examination by the doctor; (2) full medical services whenever necessary; and (3) institutional accommodation for abnormal cases and when home conditions were unsuitable. The service should be conducted by doctors and midwives now practising. Attention was directed to the need for improvement in the conditions of employment of midwives, and consideration was given to the recommendations of the Departmental Committee, including the limitation of cases and the increase in fee. The classes of persons to be included in the scheme were enumerated and the cost was mentioned. The administration would be by collaboration between the local authority and the insurance committee, with the advantage of the retention of cash benefit and an extended midwifery benefit. The scheme put forward by the British Medical Association was regarded as in all respects a satisfactory one, with its insistence on the doctor and midwife having their proper spheres of responsibility throughout the entire cycle of pregnancy, labour, and the puerperium.

Dr. CAIRNS TERRY, from his extended experience in ante-natal work, deduced numerous points of great practical importance and interest. He emphasized the duty of the doctor to make certain that a primipara understood precisely what she had to face, since the terrors of the unknown not infrequently produced exhaustion due to emotional stress as soon as labour began. He quoted cases of primiparae anticipating delivery by the umbilicus and other operative routes as illustrating the almost incredible ignorance, with its accompanying fear, which might be met in unexpected quarters. He considered external pelvic measurements to be quite fallacious. Acidosis and pyelitis were frequently found in pregnancy. He called attention to the importance of a rising blood pressure as an invaluable premonitory symptom of eclampsia.

Mr. R. L. HAINES insisted on the necessity of stitching even small perineal tears. The indications for Caesarean section were reviewed, but the speaker was strongly against this operation as a treatment for placenta praevia. In the past two and a half years he had had twenty examples of this condition, with no maternal death.

In the discussion which followed Mr. ALCOCK dissented from the opinion that Caesarean section should never be performed in these cases. In one instance, where a living baby was of particular importance, he had done Caesarean section for central placenta praevia, with very satisfactory results; this he considered the correct treatment. The discussion was continued by the PRESIDENT, Dr. MIDDLETON MARTIN, Dr. CLOW, and others. Dr. E. N. DAVEY suggested that since a haemolytic streptococcus caused the fatal cases of puerperal sepsis, it might be worth while testing the skin susceptibility of expectant mothers so that, if necessary, a prophylactic dose of serum could be administered.

Mr. ARNOLD ALCOCK demonstrated a case of juvenile tabes dorsalis. The man, now aged 25, had developed symptoms of locomotor ataxy at the age of 17. Three years ago a perforating ulcer appeared on the left foot, and resisted all treatment; the pain was so intense and crippling that a Syme's amputation was performed. The patient was able to get about quite comfortably on the stump till a year ago, when a second perforating ulcer appeared on the other foot; it developed with great rapidity, and was accompanied with pain so severe that the patient begged for

the amputation of that foot also. As an alternative Mr. Alcock performed, in March, 1929, peri-arterial sympathectomy; in two months the ulcer was healed and all pain was gone. The foot was shown to be quite warm, and the scar of the perforating ulcer was not tender. An ulcer had recently appeared on the stump of the left leg, and Mr. Alcock proposed to repeat the sympathectomy on that side. Since March advanced Charcot's disease had manifested itself in the right knee-joint; the Wassermann reaction was positive and the patient had all the signs and symptoms of tabes. The case was of great interest and the result of sympathectomy very striking.

Dr. E. N. DAVEY exhibited two cultures from the throat of a patient with septic tonsils—one planted direct and the other a subculture after the swab had been incubated for twenty-four hours in the patient's own blood. The method brought out the "pathogen selective" property of the patient's blood for the particular haemolytic streptococcus present, and indicated vaccine therapy in certain cases after local treatment of the tonsils and their removal. He also showed a slide of a tumour from a ruptured ectopic gestation, removed by operation from a woman aged 60. Twenty years before she missed three periods and then had severe abdominal pain; her subsequent menstrual history was normal. Mr. Alcock had removed a tumour the size of a grape fruit situated in the broad ligament, and the section clearly showed chorionic villi.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION.

A MEETING of the Camberwell Division was held at the Bermondsey and Rotherhithe Hospital on December 10th, 1929, when Mr. R. C. HARKNESS was in the chair.

Dr. JOHN PARKINSON gave an address on high blood pressure. The condition was described as a general cardio-vascular hypertrophy, especially in the middle coats of muscular arteries and the left ventricle of the heart. This was usually followed by degeneration of the muscular tissue and secondary renal changes. Dr. Parkinson mentioned the more common signs and symptoms, the thickened arteries, the transient paralysis, the insomnia, etc. In diagnosis, he added, the following conditions should be remembered: neurasthenia, arterio-sclerosis, aortic incompetence, and myocardial disease. A general limitation of activities should be the aim in treatment—a moderation in all things.

The address was highly appreciated by those present, and on the motion of Dr. KING BROWN, and seconded by Dr. STONE, a hearty vote of thanks was unanimously accorded to Dr. Parkinson for his address.

METROPOLITAN COUNTIES BRANCH: DEPTFORD AND GREENWICH DIVISION.

A MEETING of the Deptford and Greenwich Division was held at the residence of Dr. J. Round, New Cross Road, S.E., on January 3rd, when Dr. DECK (medical superintendent of the London Light Clinic) gave an address on actino-therapy, describing the various types of lamp in use, with their limitations. Great interest was aroused by Dr. Deck's talk, and, following a vote of thanks proposed by Dr. UNWIN, and seconded by Dr. ROUND, an invitation to visit the clinic early in the new year was accepted on behalf of the Division.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.

A MEETING of the Lewisham Division was held on December 17th, 1929, at the Town Hall, Catford, S.E.6, when Dr. G. W. CHARSLEY, chairman of the Division, presided.

Dr. G. DOWLING read a paper on dermatological operations, and showed the instruments he used—namely, a galvano-cautery, a carbon dioxide snow apparatus, and a small diathermy set. Vascular naevi, moles, warts, keratoses, and sebaceous cysts were treated in this way. Carbon dioxide snow could, he said, be applied with a camel-hair brush when acetone was added; a 14 lb. cylinder should last a year. Port wine and strawberry stains were treated with snow applied for 15 to 20 seconds, and beyond the margin of the naevus. Cavernous naevi should be injected with quinine urethane when thrombosis occurred; 1/2 to 1 c.cm. could be injected. Ignipuncture or a diathermy needle was used for papillary varices and moles on the face and neck; no local anaesthetic was required. Seborrhoeic warts should be painted with pure carbolic acid. Diathermy was used for flat warts and venereal warts, the patient being anaesthetized. The best caustic was 100 per cent. trichloracetic acid. In hypertrichosis diathermy would destroy 100 hairs per hour.

In the subsequent discussion Drs. CHARSLEY, BUCHAN, EVANS, JACOBS, and BEATTIE took part, and a vote of thanks was accorded to the lecturer.

The SECRETARY reported the action taken in regard to the case of Dr. Lewis of Lewisham Hospital. After some remarks by Dr. TAYLOR of Lewisham Hospital the following motion was proposed by Dr. CHASE, and seconded by Dr. BUCHAN:

> This Division is in favour of the resignation of the non-statutory medical staff of Lewisham Hospital, subject to the consent of the chairman of the Central Ethical Committee.

On being put to the meeting the motion was lost.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.

A CLINICAL meeting of the Willesden Division was held at the Willesden General Hospital on December 18th, 1929, when Dr. MARGARET EMSLIE of Great Ormond Street Children's Hospital gave a lecture on the management of children under the age of 5. She said that many of the difficulties of children arose from dietetic errors; among the commonest of these were a monotonous diet, bad cooking, excess of fats, which led to acidosis and loss of appetite, and deficiency of carbohydrates. To remedy these errors detailed instructions to the parents were necessary. Adenoid enlargements and colds were well-known liabilities of children, and at Great Ormond Street Hospital enlargement of the submaxillary lymphatic glands was considered one of the important signs in deciding on the removal of tonsils. The lecturer was convinced that the slight degrees of genu valgum so frequently met with in children were due to the wearing of too short shoes, which cramped the feet and by a compensatory mechanism produced the genu valgum.

An interesting discussion followed the lecture. On the motion of Dr. CHARLES AUTY, seconded by Dr. F. R. STURRIDGE, a hearty vote of thanks was unanimously accorded to Dr. Emslie.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SOUTH-WEST WALES DIVISION.

A VERY successful meeting of the South-West Wales Division was held on December 18th, 1929, at the Carmarthenshire Infirmary, Carmarthen, when Dr. ABRAHAM THOMAS (Aberystwyth) was in the chair; over thirty members were present, some of whom had travelled many miles. A most interesting and instructive address was given by Dr. GILBERT STRACHAN (Cardiff) on the preventive aspect of midwifery. He also explained the British Medical Association national maternity scheme for England and Wales in a very lucid manner. After the lecture a discussion followed, in which a number of those present took part.

At the close of the meeting a very hearty vote of thanks was accorded to Dr. Strachan on a motion by Dr. D. H. PENNANT, seconded by Dr. T. J. JENKINS.

After the meeting all members had tea at the Infirmary.

SUSSEX BRANCH: HORSHAM DIVISION.

A MEETING of the Horsham Division was held at the Station Hotel, Horsham, on December 18th, 1929, when Dr. VERNON was in the chair and twenty members of the Division were present. In addition, there was a considerable number of members from the neighbouring Divisions, including the secretary of the Chichester and Worthing Division, the president of the Surrey Branch, and the secretary of the Sussex Branch. The total number of medical practitioners present, including several non-members and members of other Divisions, was forty-eight.

The CHAIRMAN expressed his pleasure at seeing such a large gathering, and emphasized the importance of seriously considering the position of the medical profession as regards the working of the Local Government Act, 1929, on which he then invited Dr. Brackenbury to deliver an address.

Dr. BRACKENBURY gave a very lucid, simple, and straightforward description of the Act, and indicated the views of the Association with regard to the position of the medical profession as affected by it. Dr. Brackenbury spoke to a very attentive audience for an hour and a quarter, and the CHAIRMAN then asked for questions, particularly mentioning Dr. Matthews of Crawley, who had recently been appointed chairman of the Public Assistance Committee of the West Sussex County Council, and the medical officer of health for Sussex, Dr. Smedley, who were both present.

Dr. MATTHEWS dealt with what he considered would be the work of the Public Assistance Committee, and pointed out how clearly Dr. Brackenbury had described its activities. Dr. SMEDLEY raised certain points, and, referring to his position under the new Act, said he was sure that there would be no difficulties so far as West Sussex was concerned. Dr. BRACKENBURY remarked that West Sussex seemed to have travelled in advance of the Act in forming the Public Assistance Committee with a chairman; this would be a great help in working the Act.

Dr. PARRY brought up the subject of the questionary which had been circulated to all practising practitioners in West Sussex; he urged them to complete their replies and to forward them quickly. The replies he had received so far were very satisfactory, and he felt that he could inform the county council that he had a capable, efficient, and willing service of practitioners to offer.

YORKSHIRE BRANCH: YORK DIVISION.

A SPECIAL meeting of the York Division was held on November 16th in the York Medical Society's Room, when Dr. P. R. McNAUGHT was in the chair.

The CHAIRMAN, on behalf of the Division, congratulated Dr. H. E. King Reynolds on his recent election to the York City Council.

Certain alterations in the Rules of Organization were approved.

An ordinary meeting of the Division followed the special meeting. Mr. P. MACDONALD, as representative of the Division in the Representative Body, reported on the proceedings of the Annual Representative Meeting at Manchester in July last, and on the motion of Dr. P. R. McNAUGHT, seconded by Dr. J. C. LYTH, was warmly thanked for his services. Dr. P. Macdonald and Dr. G. S. Hughes were appointed the representatives of the Division on the Medical Liaison Subcommittee, and the SECRETARY reported that the personnel of the subcommittee was, with one exception, now complete.

The SECRETARY reported the steps taken on behalf of the Division with regard to the Local Government Act, 1929. He stated that a sympathetic reply had been received to a letter

which had been sent to the town clerk offering to co-operate, and mentioning the formation of the Medical Liaison Subcommittee, which it was suggested should be represented on any committee formed to carry out the provisions of the Act. The scheme for the administration of the Act which had been published by the local authority contained nothing controversial.

With regard to the Consultative Hospitals Committee, the HONORARY SECRETARY reported that a committee had been formed of representatives of the lay and medical sides of York County Hospital.

The honorary secretary announced that following his election to the town council, Dr. King Reynolds had been appointed a member of the Health Committee, the Public Assistance Committee, the Maternity and Child Welfare Committee, the Tuberculosis and Fever Hospital Committee, and the Medical Services Joint Committee.

Dr. W. A. Evelyn, Dr. J. C. Lyth, and Dr. H. E. King Reynolds had undertaken the work in connexion with the British Medical Association inquiry into the incidence of cancer and its history after treatment.

Dr. J. C. Lyth was nominated as the representative of the Division on the Maternity and Child Welfare Committee, in succession to Dr. A. R. Lister.

Correspondence.

Midwifery Fees.

SIR,—I see in the *Supplement* of January 4th (p. 5) that the Medical Women's Federation proposes a fee of £1 10s. for the medical practitioner who undertakes a maternity case, this to include attendance at the confinement, as well as ante-natal and post-natal care. As the county and county borough councils, who always pay a minimum fee, allow £2 2s. for the attendance of a doctor at a confinement when summoned by a midwife, I see no reason for the suggested reduction, and consider that the British Medical Association should keep a close watch on this question. Having started at 30s., the next thing will be an agitation by approved societies and other lay bodies for a reduction, as in the case of panel fees generally.—I am, etc.,

South Godstone, Jan. 12th. H. E. GIBSON.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

Surgeon Commander J. Bourdas is placed on the retired list with the rank of Surgeon Captain.

Surgeon Commanders R. F. P. Cory to the *Victory* for R.N. Hospital, Haslar; L. R. Warburton, O.B.E., to the *President* for Medical Department, Admiralty, temporary; S. Bradbury to the *Pembroke* for R.N. Barracks, Chatham; A. E. Malone to the *President* for duty inside Admiralty, January 31st, and as Assistant to Medical Director-General, February 7th; J. L. Priston to the *Dragon* on commissioning.

Surgeon Lieutenants J. B. W. Rowe to the *Peterel*; F. G. V. Scovell to the *Dragon*.

ROYAL NAVAL VOLUNTEER RESERVE.

Probationary Surgeon Lieutenant E. R. G. Passe to the *Argus* for training.

R. W. Riddle has entered as probationary Surgeon Sublieutenant and attached to List 2 of the Tyne Division (previous orders cancelled).

ROYAL AIR FORCE MEDICAL SERVICE.

Flight Lieutenant M. O'Regan is transferred to the Reserve, Class D(ii).

REGULAR ARMY RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Captain J. A. W. Ebden relinquishes his commission on appointment to a permanent commission in the I.M.S.

COLONIAL MEDICAL SERVICES.

The following appointments are announced: Miss J. G. E. F. Cummins, Lady Medical Officer, Gold Coast; Drs. P. J. Cowin and E. C. W. Maxwell, Medical Officers, Kenya; Dr. W. McCoach, Pathologist, West African Medical Staff, Nigeria; Dr. W. E. Thompson, Specialist Surgeon, Department of Health, Palestine; Miss M. M. McDowall, Lady Medical Officer, Sierra Leone; Dr. G. C. Strathairn, Senior Sanitary Medical Officer, Jamaica, to be Director of Health, Cyprus.

VACANCIES.

BIRMINGHAM: EAR AND THROAT HOSPITAL.—(1) House-Surgeon. (2) Second House-Surgeon. Salary £150 per annum, and £50 in lieu of full board and lodging.

BIRMINGHAM: GENERAL HOSPITAL.—House-Physician. Salary £70 per annum.

BIRMINGHAM MATERNITY HOSPITAL.—Resident Medical Officer and Registrar.

BRADFORD ROYAL INFIRMARY.—Two House-Surgeons (male, unmarried). Salary £150 per annum.

BRISTOL GENERAL HOSPITAL.—Senior Resident Medical Officer (male). Salary £200 per annum.

BRISTOL HOMŒOPATHIC HOSPITAL.—Resident Medical Officer. Salary £100 per annum.

BURNLEY: VICTORIA HOSPITAL.—House-Surgeon (male). Salary £125 per annum.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Judd Street, W.C.1.—Assistant Surgeon.

CHESTER CITY.—Assistant Medical Officer of Health. Salary £600 per annum.

CHESTER ROYAL INFIRMARY.—House-Physician (male). Salary £150 per annum.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, Victoria Park, E.2.—House-Physician (male). Salary £100 per annum.

COVENTRY AND WARWICKSHIRE HOSPITAL.—Resident Assistant House-Surgeon (male). Salary £125 per annum.

EASTBOURNE: PRINCESS ALICE MEMORIAL HOSPITAL.—(1) House-Surgeon. (2) Junior House-Surgeon. Salary £125 and £100 per annum respectively.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Shadwell, E.1.—Surgeon to the Nose, Throat, and Ear Department.

EAST RIDING MENTAL HOSPITAL, Beverley.—Junior Assistant Medical Officer (lady). Salary £250 per annum.

EDINBURGH: DEPARTMENT OF HEALTH FOR SCOTLAND.—Medical Officer. Salary £600 per annum, rising to £850, and thence to £1,000, *plus* bonus.

EDINBURGH: ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Honorary Radiologist.

ERITH EDUCATION COMMITTEE.—Surgeon for Treatment of Tonsils and Adenoids. Fee £5 5s. per session.

ESSEX COUNTY COUNCIL.—Medical Officer at County Sanatorium. Salary £750 per annum, rising to £950.

EVELINA HOSPITAL FOR CHILDREN, Southwark, S.E.1.—House-Physician (male). Salary £120 per annum.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—House-Surgeon (male). Salary £150 per annum.

GREENWICH BOROUGH.—Medical Officer at Infant Consultation Centre. Fee 1½ guineas per session.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Resident Medical and Surgical Officer and Registrar. Salary £250 per annum.

HEMEL HEMPSTEAD: WEST HERTS HOSPITAL.—(1) Senior Resident Medical Officer. (2) Junior Resident Medical Officer. Salary £150 and £100 per annum respectively.

ILFORD EMERGENCY HOSPITAL.—Second House-Surgeon. Salary £100 per annum.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—(1) Casualty Officer. (2) First House-Surgeon. Salary £150 and £120 per annum respectively.

LEEDS UNIVERSITY.—Demonstrator in Pathology and Bacteriology. Salary £300 per annum.

LIVERPOOL EYE AND EAR INFIRMARY.—House-Surgeon to the Ear, Nose, and Throat Department. Salary £100 per annum.

LOWESTOFT AND NORTH SUFFOLK HOSPITAL.—Junior House-Surgeon (male). Salary £120 per annum.

MACCLESFIELD GENERAL INFIRMARY.—Resident House-Surgeon. Salary £180 per annum.

MANCHESTER: ANCOATS HOSPITAL.—(1) Resident Medical Officer. Salary £150 per annum. (2) House-Physician. (3) House-Surgeon (Orthopaedic).

MANCHESTER AND DISTRICT RADIUM INSTITUTE.—Honorary Consulting Surgeon Laryngologist.

MANOR HOUSE HOSPITAL, Golders Green, N.W.11.—House-Surgeon (male, unmarried). Salary £200 per annum.

MANSFIELD AND DISTRICT HOSPITAL.—House-Surgeon (male). Salary £150 per annum, rising to £175 after six months.

METROPOLITAN HOSPITAL, Kingsland Road, E.8.—(1) Assistant Surgeon in the Department of Diseases of Women. (2) Ophthalmic Surgeon. Males.

MIDDLESBROUGH: NORTH ORMESBY HOSPITAL.—House-Physician (male, unmarried). Salary £120 per annum.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—Second House-Surgeon (male). Salary £150 per annum.

NATIONAL HOSPITAL, Queen Square, W.C.1.—Honorary Dental Surgeon.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—Physician to Out-patients.

NEWARK GENERAL HOSPITAL.—Resident House-Surgeon (male). Salary £150 per annum.

NOTTINGHAMSHIRE COUNTY COUNCIL.—(1) Tuberculosis Officer. (2) Four School Dentists. Salary for (1) £750, and for (2) £500 per annum.

NUNEATON GENERAL HOSPITAL, Warwickshire.—House-Surgeon. Salary £120 per annum.

PRINCE OF WALES'S GENERAL HOSPITAL, Tottenham, N.15.—Clinical Assistants.

ROCHDALE INFIRMARY AND DISPENSARY.—Junior House-Surgeon (male). Salary £175 per annum.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—Assistant Physician.

ST. MARK'S HOSPITAL FOR CANCER, FISTULA, AND OTHER DISEASES OF THE RECTUM, City Road, E.C.1.—House-Surgeon (male). Salary £75 per annum.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL, S.E.1.—Lecturer in Physiology. Salary £500 per annum.

SALISBURY: GENERAL INFIRMARY.—House-Physician (male, unmarried). Salary £150 per annum.

SHEFFIELD: ROYAL INFIRMARY.—(1) House-Surgeon. (2) Ophthalmic House-Surgeon. (3) Assistant Ophthalmic House-Surgeon. (4) Assistant Casualty Officer. Salary £80 per annum, rising to £100 after six months.

SOUTHWARK BOROUGH COUNCIL.—Lady Assistant Medical Officer of Health (unmarried). Salary £600 per annum.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—House-Physician (male). Salary £150 per annum.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary £150 per annum.

SURREY COUNTY COUNCIL.—Assistant Medical Officer (male). Salary £600 per annum, rising to £700.

SWINDON AND NORTH WILTS VICTORIA HOSPITAL.—House-Surgeon. Salary £100 per annum.

TAUNTON AND SOMERSET HOSPITAL.—Junior House Medical Officer (male). Salary £100 per annum.

WATERLOO AND DISTRICT GENERAL HOSPITAL, near Liverpool.—House-Surgeon. Salary £100 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.6.—(1) Two Honorary Anaesthetists. (2) Assistant Dental Surgeon.

WEST SUSSEX COUNTY COUNCIL AND BOGNOR REGIS URBAN DISTRICT COUNCIL.—Assistant County and District Medical Officer of Health (male). Combined salary £700 per annum, rising to £900.

WORTHING HOSPITAL.—House-Surgeon. Salary £150 per annum.

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL.—Honorary Assistant Physician and Surgeon.

CERTIFYING FACTORY SURGEONS.—The following vacant appointments are announced: Cupar (Fife), Hythe (Kent), Uxbridge (Middlesex), Penryn (Cornwall), Crowborough (Sussex), and Sutton Bridge (Lincs). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT, 1925, for the Districts of Congleton and Sandbach and Macclesfield County Courts (Circuit 10). Applications to the Private Secretary, Home Office, Whitehall, S.W.1, by February 1st.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS.

ASHERSON, N., F.R.C.S., Assistant Surgeon, Central London Throat, Nose and Ear Hospital, Gray's Inn Road, W.C.1.

CARR, Ruby T., M.B., Ch.B.Ed., D.P.M., Fourth Assistant Medical Officer, Horton Mental Hospital, Epsom.

BRISTOL GENERAL HOSPITAL.—*Honorary Surgeon:* Duncan Wood, F.R.C.S. *Honorary Assistant Surgeon:* S. J. H. Griffiths, M.B., Ch.B., F.R.C.S. *Honorary Assistant Physician in the Skin Department:* Norman Burgess, M.D., B.Ch.Cantab., M.R.C.P.Lond. *Honorary Pathologist:* Arthur L. Taylor, M.D., Ch.B.Leeds. *Honorary Dental Surgeon:* N. H. Kettlewell, L.D.S. R.C.S.Eng., L.M.S.S.A.Lond.

WESTMINSTER HOSPITAL, S.W.1.—*Resident House-Physicians:* M. Kokia, L.R.C.P., M.R.C.S., and R. Machray, L.R.C.P., M.R.C.S. *Resident House-Surgeons:* V. Hackett, L.R.C.P., M.R.C.S., and G. H. Buck, L.R.C.P., M.R.C.S.

DIARY OF SOCIETIES AND LECTURES.

ROYAL SOCIETY OF MEDICINE.

General Meeting of Fellows.—Tues., 5.30 p.m., Ballot for Fellowship.

Section of Pathology.—Tues., 8 p.m.

Section of Comparative Medicine and Surgery.—Wed., 5 p.m., Special Discussion: Actinomycosis Common to Man and Animals. To be opened by Dr. Leonard Colebrook (Comparative Medicine) and Mr. V. Zachary Cope (Surgery); followed by Mr. T. J. Bosworth and others.

Section of Urology.—Thurs., 8.30 p.m., Mr. A. Clifford Morson: The Pathology and Treatment of Carcinoma of the Penis.

Section of Epidemiology.—Fri., 8 p.m., Dr. G. P. Crowden: Industrial Efficiency and Fatigue.

CHELSEA CLINICAL SOCIETY, Hotel Rembrandt, Thurloe Place, S.W.—Tues., 8.30 p.m., Discussion: Sweating. To be opened by Drs. C. E. Sundell and H. MacCormac, C.B.E. Preceded by dinner at 7.30 p.m.

MEDICO-LEGAL SOCIETY, 11, Chandos Street, W.1.—Thurs., 8.30 p.m., Dr. L. A. Weatherly: Yesterday and To-day in our Courts of Law—a Half-century's Experience and Opinion of a Medical Witness. To be followed by a Discussion.

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY, 49, Leicester Square, W.C.2.—Wed., 4.15 p.m., Clinical Cases.

POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION.—Lecture at *Medical Society of London*, 11, Chandos Street, W.1: Tues., 4 p.m., The Present Position of the Radium Treatment of Carcinoma; no fee. *St. Mary's Hospital*, Paddington, W.2: Thurs., 11 a.m., Special Demonstration; no fee. *Hospital for Diseases of the Skin*, Blackfriars Road, S.E.1: Fri., 6 p.m., Clinical Demonstration; no fee. *Queen's Hospital for Children*, Hackney Road, E.2: Special Course, second week; fee £1 11s. 6d.; all-day course. Copies of syllabuses and tickets of admission obtainable from the Fellowship of Medicine, 1, Wimpole Street, W.1.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Fri., 4 p.m. Treatment of Intractable Discharge from Nasal Sinuses.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL, Denmark Hill, S.E.5.—Thurs., 9 p.m., Surgical Aspect of Goitre.

LONDON SCHOOL OF DERMATOLOGY, St. John's Hospital, Leicester Square, W.C.2.—Tues., 5 p.m., Erythema Multiforme. Thurs., 5 p.m., Ringworm Infections.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Clinics, Operations. Tues., 2.30 to 5 p.m, Medical, Surgical, Ear, Nose, and Throat Clinics, Operations. Wed., 2.30 to 5 p.m., Medical, Skin, and Eye Clinics, Operations. Thurs., 11.30 a.m., Dental Clinic; 2.30 to 5 p.m., Medical, Surgical, Nose, Throat, and Ear Clinics, Operations. Fri., 10.30 a.m., Throat, Nose, and Ear Clinics; 2.30 to 5 p.m., Surgical, Medical, and Children's Diseases Clinics, Operations.

ROYAL NORTHERN HOSPITAL, Holloway Road, N.—Tues., 3.15 p.m., Carcinoma of the Colon.

WEST LONDON HOSPITAL POST-GRADUATE COLLEGE, Hammersmith, W.6.—Mon., 10 a.m. to 1 p.m., Genito-urinary Operations, Surgical Ward Visit, Skin Department; 2 to 5 p.m., Operations, Surgical Ward Visit, Medical, Surgical, Eye, and Gynaecological Out-patient Departments. Tues., 10 a.m. to 1 p.m., Medical Ward Visit, Electrical Department, Clinical Demonstration; 2 p.m., Operations, Medical, Surgical, and Throat, Nose, and Ear Out-patient Departments. Wed., 10 a.m. to 1 p.m., Medical Ward Visit, Children's Department; 2 p.m., Operations, Surgical Ward Visit, Medical and Eye Out-patient Departments. Thurs., 10 a.m. to 1 p.m., Neurological Department, Fracture Demonstration; 2 p.m., Operations, Medical, Surgical, Eye, and Genito-urinary Out-patient Departments. Fri., 10 a.m. to 1 p.m., Dental, Skin, and Electrical Departments, Medical Wards, Clinical Demonstration; 2 p.m., Operations, Medical, Surgical, Throat, Nose, and Ear Out-patient Departments. Sat., 9 a.m. to 1 p.m., Throat, Nose, and Ear Operations, Medical Wards, Children's Medical Department.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION.—At Western Infirmary: Wed., 4.15 p.m., Medical Cases.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

MANCHESTER: ST. MARY'S HOSPITALS (Whitworth Street West Branch).—Fri., 4.30 p.m., Meningitis and Encephalitis.

British Medical Association.

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W.C.1.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).

MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).

EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).

Telephone numbers of British Medical Association and British Medical Journal, Museum 9861, 9862, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

JANUARY.

17 Fri. London: Spa Practitioners Group Committee, 2.30.
South Suffolk Division: Nurse's Lecture Room, East Suffolk and Ipswich Hospital, 3.30 p.m. Mr. R. Charles on Radium Treatment.

21 Tues. Camberwell Division: St. Giles's Hospital, Camberwell, 9 p.m. Mr. H. S. Souttar on the Uses of Radium in Surgery.
Reigate Division: East Surrey Hospital, 8.45 p.m. Dr. Gordon Holmes on a neurological subject.
South-West Essex Division: Wesleyan Schoolrooms, High Road, Leyton, 4 p.m. Special Meeting to consider proposed transfer of Division.
Stratford Division: Board Room, Education Offices, The Grove, Stratford, 9.15 p.m. Dr. E. P. Poulton on the Therapeutic Value of Endocrine Products.

22 Wed. London: Special Meeting of the Finance Committee, 1.45 p.m.
Hyde Division: Hyde Town Hall. Address by Dr. James Howard.
Nuneaton and Tamworth Division: Nuneaton General Hospital. Dr. J. G. Emanuel on the Causes of Heart Failure.
Oxford Division: Radcliffe Infirmary, 2.30 p.m. Discussion on Treatment of Exophthalmic Goitre.
South-West Wales Division: Carmarthenshire Infirmary, Carmarthen, 3 p.m. B.M.A. Lecture by Professor G. F. Still on Common Fallacies in Diseases of Children.

23 Thurs. Bournemouth Division: Room No. 12, Town Hall, Bournemouth, 8 p.m. Dr. H. B. Brackenbury on the Local Government Act, 1929, in Relation to the Medical Profession.
Brighton Division: The Dispensary, 113, Queen's Road, Brighton, 8.30 p.m. Conjoint Meeting with the Sussex Law Society. Dr. G. C. Anderson, Deputy Medical Secretary, on Unqualified Practice.
Kent Branch: The Saracen's Head, Ashford, 3 p.m. Dr. Philip Figdor on the Diagnosis and Treatment of Chronic Arthritis.
Norwich Division: Norfolk and Norwich Hospital, 8.45 p.m. Cinema Film on How Biological Products are Made.
West Dorset Division: County Hospital, Dorchester, 4.15 p.m. B.M.A. Lecture by Dr. Cumberbatch on the Use of Diathermy, especially in Malignant Disease.

24 Fri. London: Committee on Tests for Motor Drivers, 3 p.m.
Sheffield Division: Medical Library, the University, Sheffield, 8.45 p.m. Dr. Stanley White on Some Recent Aspects of Biological Therapy.

28 Tues. London: General Medical Services Scheme Committee, 2 p.m.

29 Wed. Birkenhead Division: Masonic Lodge, Clifton Road, Birkenhead, 3 p.m. Address by Dr. G. C. Anderson, Deputy Medical Secretary.

30 Thurs. North Glamorgan and Brecknock Division: New Inn Hotel, Pontypridd, 6.30 p.m. B.M.A. Lecture by Dr. Carey Coombs on the Diagnosis and Treatment of Rheumatic Heart Disease in Children. Dinner, 8 p.m.
North Suffolk Division: Imperial Hotel, Lowestoft, 7 p.m. Dr. G. C. Anderson, Deputy Medical Secretary, on Matters of Current Medico-Political Interest.
Swansea Division: B.M.A. Lecture by Mr. H. S. Souttar on Radium and its Surgical Applications.

31 Fri. London: National Formulary Subcommittee, 2.30 p.m.

FEBRUARY.

5 Wed. London: **Council**, 10 a.m.

11 Tues. Metropolitan Counties Branch: B.M.A. House, Tavistock Square, W.C.1, 5.30 p.m. Professor F. R. Fraser on Before the Finals and After. Tea and coffee, 5 p.m

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH.

CLARKE.—At Cottage Hospital, St. Andrews, on January 7th, to Norah Margaret (*née* Lindberg), wife of H. Harley Clarke, L.D.S., Singapore, a son.

MARRIAGE.

ROSS-MACVICAR.—At Lovedale, Cape Province, on December 24th, 1929, by the Rev. James Henderson, D.D., M.A., and the Rev. J. M. Auld, Richard Ross, M.B., Ch.B.Ed., elder son of the Rev. and Mrs. B. J. Ross of Cunningham, Ndabakazi, C.P., to Shena MacVicar, M.D.Ed., F.R.C.S.Ed., only daughter of Dr. and Mrs. Neil MacVicar of Victoria Hospital, Lovedale, Cape Province, South Africa.

DEATHS.

DUDLEY.—On January 9th, 1930, at 13, High Street, Stourbridge, George James Dudley, O.B.E., M.R.C.S., L.R.C.P., aged 62 years.

FENNELL.—On January 3rd, 1930, at Brighton, David Patrick Fennell, M.D.St. Andrews, F.R.C.S.Ed., aged 82 years.

HOLMES.—On January 5th, 1930, at Chesham Bank House, Bury, Lancashire, James Holmes, M.D.Ed., Certifying Surgeon for Radcliffe (since 1879), Heywood and Bury (since 1901), aged 76 years 11 months.

SMITH.—On January 9th, 1930, suddenly, John Howie Smith, M.B., C.M., of 104, Kennerley Road and Reek Street, Stockport, aged 62 years.

Printed and published by the British Medical Association, at their Office, Tavistock Square, in the Parish of St. Pancras, in the County of London.